

EXHIBIT 14

Ascension
Michigan at WorkAscension **MEDICAL STATUS REPORT**Ascension Genesys Hospital
1 Genesys Parkway, Suite 1620
Grand Blanc, MI 48439
Phone: 810-606-5957 | Fax: 810-606-5907Name: Elzein, Ahmed Date of Birth: 11/13/1992
Company Name: Ascension Genesys Hospital Time Arrived: 07:40 Time Out: _____

| | | | | | |
|--------------------------------------------------------------|--------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------------------------|-------------------------------|
| <input type="checkbox"/> DOT Exam: | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Respirator Clearance: | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| <input type="checkbox"/> Post-Offer/Pre-Hire Exam: | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Respirator Fit Test: | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| <input type="checkbox"/> Annual Exam: | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Controlled Substance Testing: | <input type="checkbox"/> Neg | <input type="checkbox"/> Pos |
| <input type="checkbox"/> MCOLES: | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Lift Test: _____ lbs. | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| <input type="checkbox"/> Hazmat Exam: | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> TB Test (PPD): | <input type="checkbox"/> Neg | <input type="checkbox"/> Pos |
| | | | <input type="checkbox"/> Chest Xray: _____ | | |
| | | | <input type="checkbox"/> PFT: _____ | | |
| | | | <input type="checkbox"/> Grip Test: _____ | <input type="checkbox"/> Other: _____ | |
| | | | <input type="checkbox"/> Tilters: _____ | <input type="checkbox"/> Vaccines: _____ | |
| <input type="checkbox"/> Remarks: _____ | | | | | |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Approved, pending results of: _____ | | | | |
| <input type="checkbox"/> Deferred, pending results of: _____ | | | | | |
| <input type="checkbox"/> Not Approved: | | | | | |
| <input type="checkbox"/> Comments: _____ | | | | | |

 Return to Work Status: Can return to regular work on: 11/23/2020 Can return to restricted work on: _____ with the following restriction(s): _____ Is unable to work

Examiner's comments: _____

Additional comments/remarks: _____

Examiner: Burhan M. Tajour, MDExaminer Signature: Burhan M. Tajour, MDDate: 11/23/2020Next Appointment: 11/23/2020 10:45 AMPatient Signature: AHDate: 11/23/2020